

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LVI.

THURSDAY, MARCH 5, 1857.

No. 5.

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## TREATMENT OF CLUB FEET.

[Communicated for the Boston and Medical Surgical Journal.]

MESSRS. EDITORS,—An old friend and fellow student having asked me to give, in some medical journal, my views and mode of treating club feet, I have written the following hasty sketch.

Respectfully yours,

J. B. BROWN.

*Boston, February, 1857.*

The treatment of club feet is surgical and mechanical. The division of those tendons, fasciæ, &c., the contraction of which is the cause of this deformity, and keeps the foot in its abnormal position, is in general a prerequisite step. This, however, is but a small part of the process of cure. The subsequent treatment is considered, by all who have paid much attention to the subject, as much the most difficult and tedious part to accomplish; and on an average, it requires between two and three months' daily attention and manipulation, to effect a complete restoration of the foot. Occasionally feet are cured in a less time, but generally they require ten or twelve weeks, and it is important that the mother or nurse who has the care of the child during treatment, should be faithful to the trust. Any neglect or deviation, such as suffering the apparatus to get displaced, and letting it remain so for twenty-four hours, might change the whole face of the cure. At any rate, it would probably retard the process for a week at least.

The cure of club feet, if *properly* done, is no sinecure undertaking. It must be attended to by the surgeon personally. It cannot with safety be deputed to another, unless that other has learnt experience by minute attention to the subject. I never trusted the care of a foot, after I had operated, to a proxy, that I did not regret it; and generally had the work to do over again. I have directed my attention almost exclusively to the treatment of club

feet, and other analogous deformities, for the last eighteen years; still I find that I have acquired none too much experience to cure a bad foot, even when I take the whole care of it myself.

Too little is thought of manipulation. It is a very important part of the treatment; and much facilitates the cure, if steadily persevered in.

It is a mistaken idea, that by dividing the tendons, sending the child to a machinist to have an apparatus adapted, and then handing it over to the mother, or nurse, to be taken care of, the foot will come out perfect. It is far otherwise. I shall be slow to believe that such ever was the fact. Most of the cases of club feet brought to me *now*, have been operated upon by some one else. I have had eight cases, which were operated on by a surgeon of much reputation in a city at a distance. This gentleman deservedly stood high, as a surgeon, had most of the surgery in his vicinity, and seemed a conscientious and good man. That he should persist in operating on feet as he did, was unaccountable to me, particularly as he must have seen that in his practice they were never cured. I have had many other cases of club feet, that had been operated on by other surgeons who deservedly rank high in the profession.

My usual course when a patient, or his friends for him, apply to me to cure a club foot, is this. If he is old enough and has recently walked much on his foot, I advise him to be quiet, and let it rest. This being done, and the foot being ready, I divide all the tendons and fasciæ in fault and that keep the foot in its abnormal position, whatever that position may be. The instrument I use for the division of tendons is extremely small—made to order, according to a pattern furnished. Its shape is not very essential, but the size and cutting part are so. This last ought to be less than half an inch in length. The shank may be an inch and a quarter or half long—very small, and round. If the cutting part of the tenotome be too long, the slight sawing motion given to the instrument, in dividing the tendons, is apt to cut the skin unnecessarily, and make the orifice too large and notched.

The puncture made with the instrument I use, is always healed by the next morning. There are usually not more than two or three drops of blood, and frequently not one. This I impute very much to the smallness of the instrument used. After the tendons are divided, I place over the punctures, either pieces of court plaster, or small compresses of cotton, with a bandage around the foot and ankle, and put on the apparatus immediately after the division of the tendons. Some recommend waiting two or three days, but I have always found it best to apply it immediately. It keeps the foot steady. I do not strap it tight, and the foot is easier for being supported. If the operation be done in the morning, I make it a rule to visit the patient towards night, and see

that all is right. The next day I also visit him for the same purpose; and the third day I remove the apparatus, wash the foot either in water or bay rum, and then replace it. The bay rum will be found very good to keep the skin healthy. Unless great care is taken, the pressure will cause irritation of the skin; and if continued, a blood-blister usually follows. This leaves a slight excoriation, which is indolent, gives no pain, and is soon healed by washing it in bay rum. These little blood-blisters, which are frequently followed by slight excoriation, are usually caused by some wrinkle in the bandage, or stocking, or some inequality of pressure, which it is important to guard against. When it does occur, I always change the apparatus, and put on one that will have a different bearing, and relieve the part affected.

In treating club feet, I have for some years made it my first object to bring the foot out on a line with the leg, and turn in the ankle. This being done, and the foot remaining in its new position, without artificial aid, I then attempt to bring it up towards the leg, and to bring down the heel, *i. e.*, to give flexion and extension to the ankle-joint, which is all-important in perfecting the cure, as no one can walk well without it. This point has not been sufficiently attended to by those who have treated club feet. "It is a *sine qua non*." We all make an acute angle between the foot and leg, every step we take, and more particularly in going up hill or up stairs. If the foot is brought only to a right angle with the leg, and not to an acute angle, although it may *appear to be cured*, in walking, it will inevitably turn in, as that is the only way a pedestrian has, when the foot is so situated, to propel himself forward (straight walkers propel themselves forward by the ball of the foot). Of course, the foot will revert back to its original malposition, and the cure be thwarted.

For the purpose of saving time, I formerly attempted all the indications in the cure of club feet at once; but I found that my combined efforts counteracted each other, and for several years past my first object has been to turn the foot out on a line with the leg. This implies, of course, that the ankle is turned in at the same time.

These different indications are effected by different kinds of apparatus. The first, that of turning the foot out, is done by an apparatus almost straight, extending from above the knee, on the outside of the leg, to the extremity of the foot. This takes a bearing on the external malleolus, as its fulcrum, and has a branch at right angles, which compresses the heel in such a manner as to keep it steady. The foot is strapped to that part of the apparatus, which runs parallel to it, and this is moved by a ratchet turned by a key, so that it may be graduated at will. This indication being effected, we attempt the second, that of turning up the foot towards the leg, and bringing down the heel—that is,

to give free motion to the ankle-joint. This is done by a very different apparatus from the first. It has three ratchets turned by keys, so that the foot can be placed in any direction, and different parts of it in opposite directions at the same time, as may be desired. This apparatus is based on one originally brought from Paris. It has been so changed and improved that its identity can hardly be recognized. Dr. Buckminster Brown took one of these instruments to Europe some years ago. Dr. Little, of London, who established the Royal Orthopædic Hospital, told him he had nothing so good. He showed it also to Dr. J. Guérin, at Paris, who told him the same thing. Dr. Little has since sent to me for a model of it. We have Scarpa's shoe—Scarpa's shoe improved by Little, and Scarpa's shoe modified by Adams. We use all these occasionally. It gives great relief to the foot to change the apparatus now and then. My usual practice is to see my patients daily—to take off the apparatus every other day, and wash and manipulate the foot. The apparatus with three ratchets I find very convenient in giving motion to the ankle-joint, as by turning the key, back and forth, motion is produced without removing the instrument from the foot, and may be repeated many times a day.

A great variety of apparatus is essential in the treatment of club foot in its various forms—such as varus, valgus, equinus and calcaneus; or a combination of these—equino-varus, equino-valgus, calcaneo-varus, calcaneo-valgus, &c. These deformities run into each other; and it is sometimes difficult to tell which is the most prominent feature of the deviation. Then, again, paralysis of some of the muscles adds to the difficulty of treatment, and requires more complicated apparatus.

The paralytic deformities very generally arise from infantile paralysis, which is connected with the irritation of dentition. Although the paralyzed muscles not infrequently recover their tone and strength, still their antagonists, in the mean time, become contracted and shortened, and the foot is drawn to one side. In such cases I have found it best to divide the shortened muscles, and to place the foot in its normal position and keep it so for a few weeks, more or less, according to circumstances. When the foot can be easily maintained in its new or natural position, I have usually placed it in a boot, which is laced round the ankle, with a spring on the outside of the leg, running up to and strapped around the calf, having a pad gently bearing on the external malleolus, so as to keep it in place; with a joint corresponding to the ankle-joint, and a check placed on it in such a way as to permit it to flex, but not extend beyond a right angle with the leg; in other words, so as to permit the foot to form that acute angle with the leg, which we all make in walking, but not permitting it to fall below a right angle with the leg when it is raised to make a step. In paralysis of the flexor muscles, the anterior part of the foot is



apt to fall and drag, which produces much inconvenience in walking.

Some place springs on both sides of the leg; but so far as my experience goes, the foot can be kept in place better, by one spring, than two. Where there is but one spring, and that on the outside of the leg, the inclination of the part may be regulated by bending the spring in or out, just above the external malleolus—whereas, if there is a spring on both sides, this cannot very easily be done. The two must be separated and bent each by itself. I call them springs. They are made of iron slightly tempered, so that they can be bent by a strong hand, and yet stiff enough to maintain their positions when bent, and at the same time sustain the foot and leg in their relative situation. In connection with this partial paralysis of the foot, it is not uncommon for the rectus femoris to be paralyzed, so that the patient is unable to extend the lower leg. In this case I carry the spring above the knee, having no joint in it corresponding to the knee-joint, with two straps around the thigh, and two straps around the leg, one of them immediately below the knee. The knee-joint is thus made a fixture, and the patient walks while the boot is on, as though he had a stiff knee. Sometimes I have made a joint in the spring corresponding to the knee-joint, and adapted one of Stone's patent clocks to it, such as he makes use of in constructing his wooden legs. This prevents the knee-joint from bending, as the weight of the body is brought upon it, in walking, yet permits it to bend in sitting, and answers very well. In this way a person who is unable to extend the lower leg, and has the muscles of the foot more or less paralyzed, is enabled to walk comparatively well, and the leg, although imperfect, is much better than an artificial one.

My first operation on club feet was February 21st, 1839. The subject was a little girl, three years old. This was the first case published as having been operated on in the New England States. It was reported in the Boston Medical and Surgical Journal. Very little was known here, at that time, of the cure of deformities by the subcutaneous division of tendons. Dr. Detmold, of New York, had operated for the cure of club foot prior to the above date; and so had Dr. Mütter, of Philadelphia. I was not acquainted with these facts, however, when I did my first operation. Dr. Little had done the operation in London about fifteen months before. Of this fact, also, I was not aware. I knew it had been done in Paris, and by Stromeyer, of Germany. I had received from Bouvier, of Paris, a very minute description of the operation, for the restoration of club feet, by the subcutaneous division of tendons. I thought it very rational and practicable, and resolved to do it. In less than a week an opportunity presented itself, and I operated at the time above stated. Since that

time, my attention has been principally devoted to the treatment of club feet and other analogous complaints.

It has always been my opinion, that the more the profession was divided and subdivided, and the more individuals devoted their attention to particular branches of it, the greater would be the progress, and the nearer approach to perfection would be made in our knowledge and practice of each branch.

I have above, although very imperfectly, given some of my views on the management of club feet. If they prove to be of use to those of less experience than myself, my object will have been accomplished. They may be thought by some too minute, but the treatment of club feet consists in minutiae. I may be thought egotistical, but it is difficult to relate one's own experience without having that appearance.

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CASE OF HERNIA STRANGULATED BY THE NECK OF THE SAC.

BY THOMAS H. GAGE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. O. F., of Boylston, æt. 52 years; a farmer, and a healthy, vigorous man, had been troubled with an oblique inguinal hernia of the left side for more than thirty years, for which he had worn a truss. The external ring was large and open, and his truss poorly adjusted, so that upon unusual exertion the hernial tumor had often given inconvenience by escaping. He had, however, generally found no difficulty in replacing it himself, only on a few occasions having required the aid of a surgeon. At this time, June 17th, 1854, it was suddenly extruded by laughter at the dinner table. He attempted reduction, as usual, but failing, sent for Dr. Andrews, who had been in attendance some four or five hours when I first saw the case. The patient had then no febrile excitement; his pulse was somewhat accelerated, and the surface of the body was bathed in warm perspiration, attributable, mainly, to anxiety and apprehension. The hernial tumor, which was about the size of a turkey's egg, occupied the usual position of oblique inguinal, descending deeply into the scrotum. It was dull when percussed, and manipulation was unattended with intestinal sounds. The general feeling was that of an irregular, lobulated, non-elastic mass. There was no more local tenderness than might naturally result from the prolonged attempts at taxis; no tenderness of abdomen; and *no local pain*, or suffering, except a sensation of "heavy, dragging weight" at the loins.

Under full influence of sulphuric ether, taxis was renewed, and as the effect upon the tumor was somewhat peculiar, and important in its reference to diagnosis, I will describe it in full. It was

evident that a considerable portion, almost the whole, could be forced back through the external ring, and this was several times effected, yet as soon as pressure was removed, it re-appeared, suddenly, with something like a spring, so that it was plain that the impediment existed beyond that point, and I supposed it to be at the internal ring, concluding that when the hernia seemed to be returned it was really pushed into the inguinal canal. Yet there was a kind of resilience about the sudden appearance which I could not understand, and which was explained to me by the operation only. This was found necessary, and performed about eight hours after the accident, Drs. Kendall, Andrews and Sawyer assisting. The contents of the sac having been fully exposed by the usual operation, they proved, as had been anticipated, chiefly omental, only a knuckle of ileum as large, perhaps, as an English walnut, occupying the upper and posterior part. Except great venous congestion, the whole mass was healthy. I enlarged the external ring, to facilitate the introduction of the finger, by an incision vertically upward for two or three lines, and then felt for the internal, which proved to be large and free, not constricting the mass at all; but passing my finger still upward and backward, and towards the spine of the ilium, for a distance of at least two inches, a constriction was found at the neck of the peritoneal sac, and so firmly embracing the neck of the hernia that it was with great difficulty the knife, even, could be passed through it, before bringing its edge to bear upon the stricture. The division of this (which was made in a direction upward and outward, towards the crest of the ilium) was followed by a copious discharge of colorless serum, and the contents of the sac were easily returned into the abdominal cavity.

Violent vomiting was caused by the ether, but there was no recurrence of the tumor. I brought the edges of the wound fully together, securing them by sutures and adhesives, and overlaying these by lint and cold water compresses. The whole was made firm by a figure-of-eight bandage. Union nearly the whole wound took place by first intention. There was no subsequent peritoneal irritation, and very little fever of any kind. At the end of three days the patient had Rochelle salts sufficient to gently move his bowels, and for a few days subsequently he had two or three loose stools every day, but no troublesome diarrhoea. At the end of a month he could do some light work, but was then, and has since remained very dependent upon his truss, the tumor escaping quite as easily as before the accident.

This form of strangulated hernia, being the only one in which that serious accident, reduction "en masse," is liable to occur, is possessed of great practical interest to the surgeon, and is worthy of very careful study. In the case now reported, had the tumor been smaller, or even had the attempts at reduction been longer

persisted in, I believe that dangerous symptoms might have taken place.

The immediate cause of strangulation in the mouth of the sac is sufficiently obvious. Subjected to frequent distension and stretching as it is, especially in old cases like this, where escape has been a common occurrence, and pressed upon constantly by an irritating truss, the serous and sub-serous areolar tissues at the point of exit through the internal ring where they have the least freedom for expansion, become thickened and indurated, entirely losing their elasticity; so that if the amount of escaping abdominal contents be unusually large, or the ordinary hernia become accidentally congested and swollen, strangulation is inevitable. Then of course, when taxis is attempted, if there be no impediment in either natural opening, and none in the canal, the whole force used must be exerted upon the peritoneal attachments around the neck of the sac, and tend directly to separate that membrane from the inner surface of the abdominal walls, thus forcing an artificial lodgment for the sac and its contents between the peritoneum and fascia transversalis. I suppose that in this case it was the elastic yielding of this thickened peritoneum around the orifice of the true sac which permitted a partial and deceptive reduction, and which also caused the *springing* re-appearance when pressure was removed.

A careful study and discrimination of the *nature of the resistance*, when the reduction of hernia is difficult by taxis, is a sufficiently obvious lesson to be derived from this and similar cases. I am inclined to call attention to a single other circumstance in connection with the case. There was *no local pain*, notwithstanding the severe constriction. In a fortnight after Mr. F.'s case came under my notice he was called into a neighboring town to see a gentleman who was very near his death, as was, and had been supposed, by a severe attack of "bilious colic." A strangulated femoral hernia, the size of a walnut, was found in the right groin. *No local symptoms* of any description had called the attention of physician or friends to that point, and the patient died before any surgical remedies could be attempted.

*Worcester, February, 1857.*

#### PERITONITIS FROM PERFORATING ULCER.

BY W. B. CASEY, M.D., MIDDLETOWN, CT.

[Communicated for the Boston Medical and Surgical Journal.]

ON Friday, January 30th, at 4, P.M., I was requested to meet Dr. Charles Woodward, a highly respectable physician of this place, in consultation upon the following case.

E. A. R., æt. 33, tall and of rather spare habit, dark hair and eyes,

unmarried, belonging to a family of decidedly strumous diathesis, regular and temperate in every respect, had been "ailing" for about a fortnight, and had consulted Dr. W., some twelve or fourteen days before, on account of some "dyspeptic" difficulties. He then went to New York on business, and on his return, a few days after, complained of having taken cold, and again requested Dr. W.'s advice. The doctor prescribed appropriately for the symptoms, and the patient appeared to be improving, until Wednesday, 28th, when having eaten heartily, he was attacked in the evening by rather a sharp diarrhœa; this yielded readily to simple treatment, but towards morning, Thursday, 29th, he was seized with severe pain in the bowels, but did not send for Dr. W., who, however, visited him soon after breakfast. Thursday night, he was restless and feverish, but yet went down stairs to breakfast on Friday morning, and remained below in spite of the doctor's advice, until about 3 o'clock in the afternoon, when feeling more unwell, and having a violent but short accession of pain, he again sent for the doctor, and was now persuaded to undress and go to bed. Dr. W. soon saw him, and not liking the aspect of the case, desired a consultation. I may as well state here, that Dr. W. had frequently examined the bowels through the patient's clothing, and had never been able to elicit much, if any, complaint of pain from pressure.

At 4 o'clock, P.M., I found Mr. R. in bed, with a soft, small and frequent pulse, 140 per minute, which an hour later had fallen to 135; tongue slightly red and dry at the tip, and somewhat furred; countenance anxious; voice weak; extremities inclined to coolness; urine scanty and high colored—almost red. The abdomen was moderately puffed up below the umbilicus, and at the right side, over the caput coli, there was some rigidity and an obscurely-defined swelling; *very little pain or soreness upon pressure*. It at once struck me that serious mischief had taken place, but as the patient was somewhat excited by the fact of the consultation, and considerably fatigued by the exertion of ascending a long stairway and undressing, both Dr. W. and myself, in spite of our fears, tried to put a more favorable construction upon the symptoms; and in the hope that there might be merely some intestinal obstruction (notwithstanding the previous diarrhœa), with perhaps some inflammation of the mucous coat, we prescribed enemata of oil and turpentine, applied a blister to the abdomen, and ordered morphine with brandy to be given once an hour. Another consultation at 9, P.M., was agreed upon; and by that time the nature of the case had become perfectly clear and unmistakable. The pulse had run up to 160, the extremities were cool, the forehead bathed in sweat, respiration beginning to be hurried, great restlessness, and increased anxiety of countenance. The abdomen was somewhat more swollen and tympanitic, but not

above the umbilicus. Dr. W. and myself agreed in the opinion, notwithstanding the obscurity of the previous symptoms, that it was a case of perforating ulcer, and so expressed ourselves to the family, announcing to them, at the same time, the fact that death was speedily approaching. The patient, also, was informed of the utter hopelessness of his case, and he thereupon calmly prepared himself to meet the final struggle. His senses remained clear and unimpaired until a few minutes before his death, which occurred about half past three, on Saturday morning, 31st.

*Autopsy*, twelve hours after death.—Present, Drs. Woodward, Barratt, Burke, Dummer and Casey. Cadaveric rigidity not marked—emaciation not very great—tympanites, or puffing, moderate.

The abdomen being opened, the intestines presented a very bright red color, and were extensively agglutinated, on the right side, by recently-effused lymph; considerable reddish-colored serum in the cavity; omentum thin, and pushed over to the left side. On tracing the small intestine to its junction with the large, a perforation, large enough to admit an ordinary lead-pencil, or pen-handle, was discovered about two inches from the ileo-cæcal valve; in the appendix vermiformis there was a lump of hard, dark-colored faecal matter, about the size and shape of a small bush bean. On removing a portion of the intestine, extending some inches above and below the perforation, splitting it open and washing it, it was found that an ulcer had worked its way through the intestine; the margin of the perforation was smooth, dark-colored, and glandular; and in its immediate vicinity were some ten or a dozen patches, composed evidently of tuberculous matter, from the size of a small pea to that of a half dime, in various stages of softening and excavation.

The object of the autopsy, viz., the verification of the diagnosis, having been attained, and darkness coming on rapidly, it was not thought advisable to extend the examination. The stomach, liver and other parts in sight, judging merely from their external appearance, were healthy.

There are some points in the history of this case which appear to me worthy of notice—viz., the almost entire absence of pain upon pressure; and the very slight or circumscribed swelling of the bowels after the occurrence of the perforation, which must have taken place just about twelve hours before death. I should also state another fact which I have omitted—the entire absence of nausea and vomiting. Louis, Chomel and other pathologists have laid great stress upon the sudden supervention of abdominal pain, the exasperation of that pain by pressure, the occurrence of nausea and vomiting, and of extensive tympanitic swelling, as diagnostics in the lesion under notice. But in the case here related, the pain which followed the occurrence of perforation, though severe, lasted but a few minutes, and was not exasperated by pressure. There



was no vomiting and scarcely any nausea, merely a little eructation of "wind" or gas; and the swelling of the belly was very slight, not extending at all above the navel—the rapid fatality of the case, however, may account for this last fact.

The patient had been able to attend to his business, and take several journeys, until within a few days of his death, and though "ailing" for some weeks, his symptoms were too slight and indefinite to excite any alarm, or suspicion even, on his own part or on that of his friends. That the disease was entirely tuberculous, or scrofulous, there can be no doubt at all.

NOTE.—The Secretary of the "Boston Society for Medical Improvement" will remember a somewhat similar case, where death resulted from a perforating ulcer in a phthisical patient, whom we both saw in London in 1850.

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#### FATAL EFFECTS OF NEW ENGLAND RUM, IN AN INFANT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Thinking the following case may be of sufficient interest to be inserted in your Journal, I place it at your disposal.

J. SEAVERN.

*Jamaica Plain, February, 1857.*

I had been attending a Mrs. McA. with an attack like colic. On the 22d inst. called at 5, P.M., and found her relieved. Her husband was lying on the bed, apparently stupid from the effects of liquor, but she excused him, saying that he was worn out by taking care of her. Next morning, on calling, I found her sitting up in bed and holding in her arms a child two years old, who seemed asleep. She declared herself better, but that the child required my attentions.

On inquiry, she reported that she had by the side of her bed a tumbler containing rum, sugar and water (put there "to wet her hands with when she was faint on getting up"); that the child, being unwell, feverish and thirsty, about day-break cried for it; that she could not rouse her husband to get it water, as he slept so heavily, and that finally, to quiet it, she gave it the tumbler, thinking it would not like the taste, but to her surprise it drank the whole, and soon fell asleep. In a few hours after, being somewhat alarmed, she gave it some melted butter to make it vomit, which it did a little and roused up also, but had since been as I saw it.

She said that the tumbler (rather a small one) was about two thirds full of the mixture, and that in it was only about two spoonfuls of rum, "such as you bathe in,"—the spoon indicated being one between a dessert and table spoon, which would hold perhaps three drachms: furthermore, that the child had frequently drunk a little spirit; and that last summer, when ill, it took, by the advice of a physician, a half-pint bottle of porter daily for several months,

100 *Case of Croup, with Expulsion of False Membrane.*

and improved greatly. These statements were confirmed by her sister and husband.

The child was now pallid, quite relaxed, except that its jaws were closed firmly, surface cool; abdomen full, hard, not tympanitic; pulse about 130, faint at wrist, but seen beating regularly at the corner of the mouth. Respiration 50, with a good deal of mucous rattle in the throat, but no movement of the nostrils to indicate dyspnoea. Auscultation impossible on account of noise in throat.

I gave mustard and warm water, hoping to induce vomiting; also a large enema of soap suds and castor oil, which was retained. The child at first swallowed very slowly and passively, but presently showed more color, and resisted by moving its head and spitting. It was then rubbed smartly, shaken, and afterwards slapped with the hand for some time on the nates and the soles of the feet.

In from half to three quarters of an hour its lips appeared natural, and there was some color in the cheeks; it opened its eyes drowsily, and cried after each slap—breathing, too, with less noise. At the end of this time, having another patient waiting, and having but little doubt of its recovery (considering the quantity taken), I left, though neither emesis nor catharsis had taken place, with directions to repeat the mustard and the injection every half hour till some effect was produced, to keep the child in motion, and more particularly to send for me again if it was not better at noon.

Being elsewhere engaged, I did not call during the day, supposing, as I was not sent for, that the child must be better. At eight next morning, called, and found the child had died about two hours before, having continued "in the same fit all the time." To my expostulations at not having been summoned, they merely replied, with the greatest resignation, that it would have been of no use; that nothing could have saved it; that it was all their own fault, &c. &c. *Post-mortem* examination out of the question.

The case is involved in much doubt, from the character of the witnesses; but if their statements be believed, it would indicate death in about twenty-four hours from less than an ounce of New England Rum. Is this possible?

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CASE OF CROUP, WITH EXPULSION OF FALSE MEMBRANE.

[Communicated for the Boston Medical and Surgical Journal.]

OSCAR B., æt. 5 years, was seized with croup in March, 1852. For several days, no medicine was used; the family attempted to cure by the application of cold water externally. It was applied in various ways, often and vigorously, until a very high degree of in-

flammation was produced. Their attempts were even then continued, but at length were relinquished with terror, and I was hastily called. The skin was found pale, damp and cold, and the hair wet, the effects of the last cold bath; the pulse oppressed; the blood driven from the surface, and the extremities shrunk; the breathing extremely difficult, loud and shrill; the cough still more shrill, and frequent. It had been shrill more than two days. The attending fever, however, having nothing of a typhoid character, he was able to endure the medicines needful for recovery; and they were supplied abundantly.

To banish the chill, warm blankets and hot bricks were applied immediately, and six drops of the tincture of camphor were given, and at the same time two grains of tartar emetic, which in ten minutes caused brisk vomiting with some relief. Fifteen drops of the tincture of opium were then given, and repeated every twelve hours for several days, together with the same quantity of the tincture of digitalis. Tartar emetic was given continually, in quantities sufficient to cause nausea the greater part of the time, and vomiting frequently. Immediately after the first vomiting, a blister was applied to the sternum, and five grains of calomel and as many of scammony were given. Active purging followed in six hours. Eighteen hours after that, a false membrane was thrown up. It was tubular in form, of sufficient length to extend from the glottis to the bifurcation of the trachea; the walls of the tube one sixteenth of an inch thick, and marked with rings corresponding with the rings of the trachea. The cough and difficulty of breathing were but slightly relieved. Twenty-four hours, afterwards, another false membrane was thrown up, which had formed in the trachea after the separation of the former. It was about half its length, the walls of the tube of less thickness, softer and more easily torn, and the rings less distinct. For six hours relief was but slight, and the cough continued shrill; the inflammation then began to abate rapidly. As it abated, the quantity of medicine was gradually diminished; and, soon, none was given except squills for a few days. The cough soon ceased entirely, his usual strength quickly returned, and no disease of the air passages appeared again for three years.

Debility was at no time excessive; but as he felt more and more of the effects of the digitalis and tartar emetic, his strength apparently increased on account of the relief given. The tubes both showed marks of having been ruptured at each end before they were expelled. The walls of the ruptured ends were as thick as any other part. Hence it is evident that more of the false membrane remained; that some or the whole of the larger bronchi were lined with it, is not improbable. As no fragments were detected in the sputa, it may be presumed that the membrane not expelled was changed into the form of mucus. Had the whole been

thus changed, and expectorated, recovery might perhaps have been not much more difficult.

CHARLES M. WEEKS, M.D.

*Boston, February, 1857.*

### Bibliographical Notices.

*Lectures on the Principles and Methods of Medical Observation and Research.* By THOS. LAYCOCK, M.D., &c. Philadelphia: Blanchard & Lea. 1857.

IN his prefatory note, Dr. Laycock says his reason for publishing this book was the felt want of some elementary work on the inductive philosophy which he could recommend to his class for their instruction and guidance in clinical observation and research. Manuals and elementary works in the various branches of the science were not wanting; "but he found none which instruct the medical student in a simple and easy form how to use his reason; none which teach him the applications to practical medicine of those aids to the intellectual powers, which modern inductive philosophy uses so commonly and so efficiently." He proposes to set forth the various fallacies to which the student is exposed, and show him how to avoid them; also a brief enumeration of the merits of the two principal methods of observation as applied to medicine, viz., the *numerical* and the *analogical*; methods of investigation in their special applications to practical medicine, and the problems of life and organization; methods, of which the student might search in vain to find any short and practical exposition.

These are the reasons and objects for which this book was written; and all who have any acquaintance with the writings of Dr. Laycock, need not be assured that he has amply and ably performed the task.

A review of the book cannot now be attempted; and our desire is simply to commend it to *all*—not merely the class for which it was designed; since there are many *senior* practitioners in full and (pecuniarily) *successful* practice who would be very much benefited by a close study of its precepts and principles. It is too true that many physicians, in "good practice and standing," are but empirics in their practice—routinists (if we may coin a word), practising their noble art with only traditional skill, and, perchance, as often striking the patient as the disease. One great and primary cause of this is the lack of a thorough preliminary education, the lack of disciplined powers of observation and research; so that they grope blindly where they should and might walk uprightly and securely, had they been trained to use their faculties properly. And how many of those young men (and women), who will this season receive their diplomas, are capable of reasoning acutely and justly upon the many perplexing subjects soon to occupy their attention? And how large a proportion, instead of seeking to correct this fault, will fall into those miserable routine habits of prescribing and thinking, that have done so much harm to the science. If we might venture upon a hint to those learned professors who have been diligently teaching their own dogmas, we should say, they ought to remember that their true province is

rather to enable students to judge for themselves, than to impose upon them the yoke of theories, certain to hamper and injure the young practitioner; to this end they should teach the *principles* of medicine, rather than the *practice*. And it is just here that a very grave mistake, we apprehend, is made in teaching. Medicine is so eminently a science of observation, is so based upon the objective facts which every one is to see for himself, that the first and great object of teaching should be, not to show the facts, for no "course" is long enough for this, most evidently, but to show the student how to find out their true import for himself, when he meets them in the active duties of his profession; to show him how to reason correctly upon the data that he will have offered to him in practice; to give him principles, in short, rather than facts. This is by far the most laborious task: it is not difficult to gather up a mass of facts or observations on disease, and read them; but it is the least imperative duty of the teacher.

We have briefly indicated what we believe to be the only true basis of a correct medical education, and it is for this reason that we earnestly commend the work of Dr. Laycock, as presenting a condensed and correct exposition of the principles by which he ought to be guided in his future course, by which he will solve the many difficult problems he is sure to meet, most satisfactorily to himself. \*

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*Transactions of the Fifth Annual Meeting of the Kentucky State Medical Society, held in the City of Frankfort, on the 6th and 7th of February, 1856. 8vo. pp. 64.*

This pamphlet, the publication of which has been delayed until recently, contains the record of the annual meeting of the above Society, the address of the president, Dr. C. H. Spilman, a report of a Committee on the subject of the best means of improving the finances of the profession, and one by a Committee on improvements in surgery.

The subject of Dr. Spilman's address is the "Relations and reciprocal Obligations of Medicine and the State," and it is a well-written and interesting discourse. He enlarges upon the importance of sanitary measures for the prevention of disease, and urges the necessity of taking immediate measures for the attainment of an object of such importance to the welfare of Kentucky, by the establishment of a *health police*, who shall exercise a sanitary supervision over the State, and point out the best means for improving its condition. In speaking of the services of physicians to the community, he estimates that each member of the profession in Kentucky contributes the value of \$300 annually, in gratuitous aid to the sick, and he ascribes this fact to "the liberalizing influence the practice [of medicine] exerts upon the mind, from an intimate acquaintance and constant familiarity with objects of pity and distress, which keeps ever alive in the bosom a glowing sympathy, and an enthusiastic desire to afford relief." Dr. Spilman concludes by exhorting the physicians of Kentucky to join the Society, and, by strengthening its organization, to render it more useful to the community and beneficial to themselves.

The Committee on the best means of expediting the collection of *medical fees*, &c., propose that a State law be passed, recognizing, as to the payment of physician's bills, the voluntary, or non-compulsory principle. We do not see the necessity for such a law. If the statutes already in existence are not sufficient to enable the practitioner to

collect his bills, it seems at least useless to frame others prohibiting him from collecting them. The Committee, however, think that such a measure would conduce to the benefit of the profession, by discouraging empirical practitioners, by tending to create a cash system of payment, and uniformity in charges, and by silencing complaints of exorbitant charges.

The report of the Committee on Improvements in Surgery, consists entirely in the relation of an interesting case of *murder*, and the discussion of certain questions in legal medicine arising from it. Why the Committee should report upon a subject wholly foreign to that assigned to them, is not explained.

In conclusion, we would state that the pamphlet affords evidence of zeal, and a desire for the advancement of medical science on the part of the members of the Society. We hope that their numbers may rapidly increase, and that other papers which are in their archives may also be published.

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*Medical Notes and Reflections.* By Sir HENRY HOLLAND, Bart. F.R.S., Physician in Ordinary to the Queen, &c. From the Third and Enlarged London Edition. 8vo. pp. 500. Philadelphia: Blanchard & Lea. 1857.

Few medical writers have exercised a more favorable influence on the condition of our profession than Dr. Holland, whose "*Medical Notes and Reflections*," first published in London, nearly eighteen years ago, are now presented to the American reader in a new edition, edited by the author. It is hardly necessary to notice at length a work already so extensively known and appreciated. We believe we speak the sentiments of all who have read it, when we say that it is one of the most philosophical works in the literature of medicine. As the title indicates, the book is not a treatise on any one subject, but consists of a collection of essays, the more valuable because they chiefly relate to topics which are hardly treated of in systematic works. The range of subjects is very extensive; we can only refer to the titles of a few chapters which are especially remarkable for the soundness of reasoning and originality of thought which they display. Such are the chapters on Medical Evidence, Hereditary Disease, Medical Treatment of Old Age, Method of Inquiry as to Contagion, Gout as a Constitutional Disorder, Abuse of Purgative Medicines, Bleeding in Affections of the Brain, Mercurial Medicines, and many others.

Besides the value of the work as the result of the observation and experience of a highly philosophical physician during a period of nearly forty years, we can recommend this "thoughtful and thought-exciting volume" (as it has been well called) for the delightful style in which it is written, and for the numerous interesting facts by which the author's conclusions are illustrated. It rarely falls to the lot of a physician in extensive practice to have such opportunities for foreign travel as have occurred to Dr. Holland; and some of the most interesting parts of the book relate to his observations made in distant lands. The work will enlarge the mind of the medical practitioner, suggest valuable hints for the observation and treatment of disease, and entertain, while it instructs the reader.

For sale in Boston by Sanborn, Carter, Bazin & Co.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, MARCH 5, 1857.
 

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## POVERTY vs. MEDICAL TREATMENT.

WERE any arguments needed in favor of free hospitals, the profession could furnish them *ad libitum*. Every physician daily meets with overwhelming evidence of the sacrifice of life amongst the poor, for want of the commonest means wherewith to encounter illness. Are we told that municipal and private benevolence dispense largely to the poor? If this be so, they cannot fully supply the pressing wants of this large and increasing class. The visiting physicians under Dispensary regulations, even if they do their duty faithfully, cannot always meet promptly the requirements which crowd upon them. That much more is done by this charity than formerly, is true; it is owing, however, to extra exertion and a wish to reform the short-comings of the antiquated and rickety system that almost settled itself into a final slumber. Even now, to our knowledge, too long delay in seeing the sick poor is justly complained of. More facilities should be afforded for the officers of so important a charity; in urgent cases, or in times of epidemic illness, a visiting physician of our Dispensary should be provided with means of quicker locomotion than his own often weary feet. Many years ago we had our share in this pedestrianism; and on the average occupied four hours of the forenoon in going our rounds among dispensary patients only—it may be judged, with private business, even if very moderate as to extent, how much time remained before the dinner-hour. A better division of the districts, it is true, now obtains—but there are often periods when visits cannot be made by the physicians with that promptness which the urgency of the case demands.

While the Central Office of the Dispensary is now a safety-valve for a portion of this deleterious pressure, there are many patients capable of relief, were they treated in hospital, who now perish chiefly from the lack of good nursing. Of what possible use is it to treat a severe case of membranous croup, where a family of five persons must occupy the only room the invalid can use, and when the mother is at once cook, supervisor and nurse? This is the practice of medicine under difficulties! There are many patients, too, with less formidable disease, who need more careful watching than can be bestowed upon them in their own poor habitations. The administration of powerful remedies, or of such as must be given regularly to ensure their action, cannot be safely entrusted to the ignorant, the careless, the vicious or the poverty-stricken. It is a common thing for mothers, compelled to labor, to lock their children into their room or to give them in charge of a neighbor, who doubtless has more of her own than she can look after. Add the element of illness to this fact, and of what avail are drugs and potions, or the cautions of the physician, as he hurries from one pauper-patient to another?

During times of prevalent malignant disease—such as our scarlet fever epidemic—many must suffer and die from neglect and want of care. We are unwilling, for a moment, to believe what we have

*Death of Mr. Redfield.*

nevertheless been told, that the sick poor have been wilfully or carelessly passed over, by any of the medical attendants to whom they are entrusted. That unusual numbers of patients, overtasking the physician's time and strength, may deprive certain individuals of the care they would otherwise receive, is doubtless sometimes—perhaps often—true. So far as we know the gentlemen connected with the visiting department of our Dispensary, we believe that skill, kindness and professional zeal may be predicated of them all.

What are the remedies for insufficient medical care of the poor, and for the impossibility that they derive benefit from treatment? Increase the salaries of the visiting physicians—in sufficient necessity, let them drive instead of walk over their rounds—GIVE US A FREE HOSPITAL!

## DEATH OF MR. REDFIELD.

THE *American Journal of Science and Arts* announces the death of WILLIAM C. REDFIELD, of New York, whose discoveries in science, and especially in the department of Meteorology, have raised him to a high position among the philosophers of the day. Although immersed in the cares of active business, Mr. Redfield always found time for self-improvement and for scientific inquiry and study. He was chiefly distinguished for his investigations concerning the motions of tornadoes and hurricanes, which, he concluded, were *travelling whirlwinds*, the direction of rotation and course of travel being alike in all storms in the Northern hemisphere, while those of the Southern hemisphere were found to revolve in the opposite direction, and to pursue a reverse line of travel. These views have been generally adopted by meteorologists. Mr. Redfield's discoveries are of great practical value to navigators, showing them how to avoid the fury of a gale by which they might be overtaken.

## AMERICAN DENTISTRY IN PARIS.

We notice in the *Union Médicale*, of September 30th, an account of a most ingenious appliance made by Messrs. Fowler and Préterre, American dentists, at Paris. It consists of an artificial lower jaw adapted to a patient from whom this bone had been completely removed by M. Maisonneuve. The features of the patient were so perfectly regular that it was impossible to see that he had undergone so extensive an operation. The pronunciation was perfectly distinct, and mastication was performed with facility. The *Union* says, "Messrs. Fowler and Préterre having undertaken the execution of this apparatus without any other expectation of remuneration for their labor and expense than the satisfaction of showing how much advantage surgery may derive from the aid of skilfully-constructed artificial substitutes, it is but justice to attribute to them their share in the beautiful result which M. Maisonneuve exhibited to the Academy of Medicine."

## ARSENIC-EATING.

We are glad to see that a formal refutation is made by Mr. W. B. KESTEVEN (in the *Association Journal*), of the absurd stories concerning the alleged practice of arsenic-eating among the peasants of Styria, which the love of the marvellous has caused to be circulated extensively among popular journals, and which have even found their

way into many scientific periodicals, unaccompanied by any allusion to the inherent improbability of the facts, or to the circumstance that they were wholly unsupported by proof. Mr. Kesteven says that the evidence upon which the statements have been made is simply the loosest kind of second-hand hearsay evidence, and that the alleged effects of arsenic, taken in the manner reported, are wholly at variance with all other experience of the action of this poison. In the districts of Cornwall, where arsenic is largely prepared, no such practice as arsenic-eating has ever been known; but the destructive effect of the mineral on man, and animals and vegetables, observed in those districts, have been wholly overlooked by the searchers for marvellous stories among the arsenic works in Styria, where this deadly poison is said to restore health, vigor and beauty. It is remarkable that statements so extraordinary, and at the same time so wanting in proof, should have been admitted into scientific journals, without any question of their truth.

*Case of Needle Mania.*—The *Rochester (N. Y.) Union* publishes a case of monomania similar to one reported in this Journal (see Vol. LV., page 29). The patient, a young lady, thrust a great number of needles and pins into her flesh, which were subsequently extracted. The whole number extracted was 297 needles, 67 pins, 2 darning-needles, 5 hair pins, 5 knitting needles, 5 pieces of wire. Total, 383.

*Mortality of New York.*—The number of deaths in the city of New during the last week in February was 448, of which 14 were from violent causes. Of these, 54 were from consumption, 43 from infantile convulsions, 41 from scarlatina, 39 stillborn, 21 infantile marasmus, 16 dropsy in the head. The number under 1 year of age was 163; from 1 to 2, 57; from 2 to 5, 54; from 5 to 10, 17; from 10 to 15, 8; from 15 to 20, 8; from 20 to 25, 15; from 25 to 30, 18; from 30 to 40, 43; from 40 to 50, 19; from 50 to 60, 16; from 60 to 70, 13; from 70 to 80, 13; from 80 to 90, 2; 100 and upwards, 1; unknown, 1. The public institutions furnished 48 deaths.

*Health of the City.*—The mortality last week was quite small, and we are gratified to notice a diminution in the number of fatal cases of scarlatina, only 11 having been reported. We notice 6 deaths from "dropsy in the head." The total number of deaths during the corresponding week of last year was 79, of which 19 were from consumption, 2 from scarlatina, 9 from pneumonia, and 3 from dropsy in the head.

*Communications Received.*—Case of Hernia.—Improvement in Plugging the Vagina.—Case of Morbid Pregnancy.—Importance of Hemoptysis as a sign of Pulmonary Phthisis.  
*Books and Pamphlets Received.*—A Case of Complex Labor, with Remarks, &c. By Gustavus L. Simmons, M.D.—Report of the Board of Trustees of Mass. General Hospital.

*DIED.*—At Freeport, Me., 19th ult., John A. Hyde, M.D., a native of Rehoboth, Mass., 86 years, 6 months.  
—At Brooklyn, N. Y., 27th ult., Dr. S. Trowbridge Champney, aged 27.

*Deaths in Boston for the week ending Saturday noon, February 28th, 63.* Males, 23—Females, 21.  
Accident, 2—disease of the brain, 1—cancer, 1—consumption, 12—convulsions, 4—croup, 2—dropsy, 2—dropsy in the head, 6—drowned, 1—infantile diseases, 4—puerperal, 1—epilepsy, 1—scarlet fever, 11—influenza, 1—disease of the heart, 2—inflammation of the lungs, 5—congestion of the lungs, 1—measles, 1—softening of the arteries, 1—scrofula, 1—suicide, 1—thrush, 1—unknown, 5—whooping cough, 1.  
Under 5 years, 32—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 31—Ireland, 5—other places, 7.

*Glycerine in Phthisis.*—For cases of tubercular disease in its early stage, before the cough is accompanied by much expectoration, we frequently prescribe :—*R.* Glycerine, ℥ij. ; iodide of potassium, 3i. ; sulphate of morphine, grs.ij. Mix, and give one teaspoonful before each meal and at bedtime.

If the disease is farther advanced, and expectoration more copious, with rapidly-increasing emaciation, we prefer the following : *R.* Glycerine, ℥ij. ; syrup of iodide of iron, ℥ss. ; sulphate of morphine, grs.ij. Mix, and give one teaspoonful every four or six hours.

It is now two years since we commenced using the glycerine in the treatment of phthisis, generally combining it with some preparation of iodine, and just enough morphine to allay cough and promote rest ; and we have certainly derived more benefit from it than from any other one remedy.—*North-Western Med. and Surg. Journal.*

*Prurigo.*—During the past few months, three cases of prurigo formicans have been admitted into the Mercy (Chicago) Hospital. The disease affected chiefly the whole posterior part of the trunk, and the arm. It had existed several weeks before admission, and was attended, as usual, with itching so intolerable as to deprive the patients of sleep during most of the night.

These cases were treated with Fowler's solution of Arsenic, from six to ten drops three times a day, and an occasional laxative internally. At the same time the following ointment was freely applied to the surface each morning and evening : *R.* Iodide of potassium, ℥ss. ; simple cerate, ℥iv. Mix very thoroughly.

The patients were discharged apparently quite well, at times varying from one to two weeks. The relief seemed to be derived chiefly from the external application of the ointment, which certainly acted more promptly and beneficially than any other local application that had been used in other cases.—*Ibid.*

*Sudden Death of Dr. S. Trowbridge Champney, from a Dissection Wound.*—Dr. Champney died at his residence, on Court street, Brooklyn, Friday morning, says the *N. Y. Times* of Saturday, 28th ult., from poison received while making a *post-mortem* examination. On Monday last, at the request of Coroner Redding, deceased assisted in the *post-mortem* examination of the body of John Elder, who was alleged to have died of violence at the hands of garroters. While engaged at this he pricked the second finger of the left hand, and, notwithstanding every exertion to prevent a fatal result, he died, after suffering the most intense agony. Deceased was 27 years of age, and had prepared himself for the successful practice of his profession by extensive travel, and by practice in different hospitals.

A MEMORIAL, signed by 126 physicians, including the faculties of the three New York Medical Schools, is before the State Legislature of New York, praying for the establishment of a State Hospital for women in that city.—Resolutions have been passed by the Legislatures of New York and New Jersey, expressive of great respect for the exalted worth of the late Dr. Kane, and of regret for his untimely death. A large meeting of citizens has been held in Philadelphia for the same purpose.—Drs. L. A. Dugas and H. Rossignol have retired from the editorial charge of the *Southern Med. and Surg. Journal*, and will be succeeded by Drs. Henry F. Campbell and Robert Campbell.